

Instructions for Completing a Tuberculosis Test Record - VS 6-22

1. **STATE:** Fill in the State name.
2. **COUNTY:** There is a list of county codes inside the front cover of your brucellosis calfhood vaccination record booklet.
3. **HERD OWNER:** Enter the complete name and address of the herd owner.
4. **HERD NUMBER:** This is assigned by the State - contact your District Office.
5. **LESION, TEST, D-B, U:** Leave blank.
6. **COUNTY, TOWNSHIP OR DISTRICT:** Fill in the county and nearest town.
7. **REASON FOR TEST:** Check the appropriate box – if you mark OTHER, give reason for test.
8. **PREVIOUS TEST DATE:** Complete this block only if this is a retest.
9. **COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS:** Mark yes or no and provide total number of animals in the herd.
10. **KIND OF HERD:** Mark appropriate box – if mixed, provide the type of herd/species.
11. **METHOD OF TEST:** Check appropriate box.
12. **SUMMARY:** Put the number of animals with a response under “suspect”. Ensure the number of “suspect” and “negative” animals equals the “total” animals tested. Call your local District Office immediately to schedule confirmatory tests for suspects – provide a copy of your test record to the regulatory veterinarian prior to confirmatory testing.
13. **CERTIFICATION FOR PAYMENT:** Mark the appropriate box.
14. **SIGNATURE, AGREEMENT CODE:** This is a legal document; be sure to sign. In California, your agreement code is your CA license number.
15. **INJECTION, OBSERVATION:** List the date and the time the test was injected and read (must be 72 hours +/- 6 hours).
16. **REACTORS TAGGED & BRANDED, AGREEMENT CODE:** This is the signature and license number of the veterinarian who tags and brands reactors – this will be a regulatory official.
17. **ANIMAL CODE:** Use the codes listed at the bottom of this column.
18. **IDENTIFICATION NUMBER:** Record permanent official federally-approved identification, i.e. brucellosis calfhood vaccination tag, federal silver bright tag. If no tag is present, apply official silver bright tag and record that number. If more than one form of approved identification is present, record all.
19. **AGE:** Record age in years.
20. **BREED:** Record the breeds of all animals.
21. **SEX:** M=Male F=Female N=Neuter.
22. **RESULTS:** Record N for negative, record S for suspects.
23. **REACTOR TAG NUMBER:** If reactors are present (red tag in ear), record identification number.
24. **DATE, OWNER'S SIGNATURE:** Have the owner date and sign the form. The third page goes to the owner.
25. **THIS AUTHORIZATION TO TEST EXPIRES:** This may vary. Leave blank at this time.

BOLD type indicates MANDATORY items

PLACE ON HARD SURFACE AND WRITE FIRMLY

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

COOPERATIVE STATE-FEDERAL TUBERCULOSIS ERADICATION PROGRAM
TUBERCULOSIS TEST RECORD

E 191953

STATE 1		COUNTY 2		TWP 3	SEC 4	HERD OWNER LAST 5	FIRST 6	INITIAL 7	PREVIOUS TEST DATE 8	VET CODE 9	TOTAL 10	REA 11	SUS 12
HERD NUMBER 13		ROUTE STREET ROAD 14		POST OFFICE 15		STATE 16		DATE LISTED 17		CERTIFICATION FOR PAYMENT PROGRAM (State/Federal Expense) 18 PRIVATE (Owner's Expense) 19			
COUNTRY 20		TOWNSHIP OR DISTRICT 21		SEC 22		FARM NO. 23		I certify: That this test was made by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces. That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.		SIGNATURE 24 DATE 25 HOUR 26			
REASON FOR TEST AREA 1 HERDS/RE-ACQUIRED 2 MILK ORDINANCE 3 SALE SHOW 4 IMPORTED 5		RE-TEST 6 TRACING REG. EEL 7 TRACING REACTORS 8 TRACING EXPOSED 9 OTHER 10		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO IN HERD KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED METHOD OF TEST <input type="checkbox"/> CAUDAL <input type="checkbox"/> VULVA <input type="checkbox"/> CERVICAL		SUMMARY NEG. ACTIVE SUS. REACT. REACT. TOR TOTAL		REACTORS TAGGED AND BRANDED DATE 27 SIGNATURE 28		AGREE CODE 29		AGREE CODE 30	

17	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS SIZE NRS	REACTOR TAG NUMBER	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS SIZE NRS	REACTOR TAG NUMBER
	1	18	19	20	21	22	23		16					
	2								17					
	3								18					
	4								19					
	5								20					
	6								21					
	7								22					
	8								23					
	9								24					
	10								25					
	11								26					
	12								27					
	13								28					
	14								29					
	15								30					

RT - Retag
 NA - Natural Addition
 PA - Purchased Addition

N - Negative
 S - Suspect
 R - Reactor

I hereby acknowledge receiving a copy of this record which I have examined and find correct.

DATE

OWNER'S SIGNATURE

THIS AUTHORIZATION TO TEST EXPIRES